

**PATENT APPLICATION FEE DETERMINATION RECORD**

Substitute for Form PTO-873

Application Number: **09/134478**

| CLAIMS AS FILED - PART I                         |              |              | SMALL ENTITY |     | OTHER THAN SMALL ENTITY |     |
|--|--------------|--------------|--------------|-----|-------------------------|-----|
| FOR  | NUMBER FILED | NUMBER EXTRA | RATE         | FEE | RATE                    | FEE |
| BASIC FEE (37 CFR 1.106a)                        |              |              |              | \$  |                         | \$  |
| TOTAL CLAIMS (37 CFR 1.102)                      | 20           |              | X \$         |     | X \$                    |     |
| INDEPENDENT CLAIMS (37 CFR 1.102)                | 3            |              | X \$         |     | X \$                    |     |
| MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.103) |              |              |              |     |                         |     |
|  |              |              | TOTAL        |     | TOTAL                   |     |

\* If the difference in columns 1 is less than zero, enter "0" in column 2.

**9/10/04**

| CLAIMS AS AMENDED - PART II                                   |                                  |                                    |               |      | SMALL ENTITY   |      | OTHER THAN SMALL ENTITY |  |
|---|----------------------------------|------------------------------------|---------------|------|----------------|------|-------------------------|--|
|   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE          |  |
| Total (37 CFR 1.102)  | 19                               | 20                                 |               | X \$ |                | X \$ |                         |  |
| Independent (37 CFR 1.102)                                    | 6                                | 6                                  |               | X \$ |                | X \$ |                         |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.103) |                                  |                                    |               |      |                |      |                         |  |
|   |                                  |                                    |               |      | TOTAL ADDL FEE |      | TOTAL ADDL FEE          |  |

**7/20/05**

| CLAIMS AS AMENDED - PART II                                   |                                  |                                    |               |      | SMALL ENTITY   |      | OTHER THAN SMALL ENTITY |  |
|---|----------------------------------|------------------------------------|---------------|------|----------------|------|-------------------------|--|
|   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE          |  |
| Total (37 CFR 1.102)  | 17                               | 20                                 |               | X \$ |                | X \$ |                         |  |
| Independent (37 CFR 1.102)                                    | 6                                | 6                                  |               | X \$ |                | X \$ |                         |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.103) |                                  |                                    |               |      |                |      |                         |  |
|   |                                  |                                    |               |      | TOTAL ADDL FEE |      | TOTAL ADDL FEE          |  |

**6/6/04**

| CLAIMS AS AMENDED - PART II                                   |                                  |                                    |               |      | SMALL ENTITY   |      | OTHER THAN SMALL ENTITY |  |
|---|----------------------------------|------------------------------------|---------------|------|----------------|------|-------------------------|--|
|   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE          |  |
| Total (37 CFR 1.102)  | 20                               | 20                                 |               | X \$ |                | X \$ |                         |  |
| Independent (37 CFR 1.102)                                    | 6                                | 6                                  |               | X \$ |                | X \$ |                         |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.103) |                                  |                                    |               |      |                |      |                         |  |
|   |                                  |                                    |               |      | TOTAL ADDL FEE |      | TOTAL ADDL FEE          |  |

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 2.  
 \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  
 This collection of information is required by 37 CFR 1.103. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is guaranteed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-8739 and select option 2.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

09/134478

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    | *            |
| INDEPENDENT CLAIMS  | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE   |
|-----------|-------|
| BASIC FEE | \$375 |
| X\$ 9=    |       |
| X42=      |       |
| +140=     |       |
| TOTAL     |       |

| RATE      | FEE   |
|-----------|-------|
| BASIC FEE | \$750 |
| X\$18=    |       |
| X84=      |       |
| +280=     |       |
| TOTAL     |       |

## CLAIMS AS AMENDED - PART II

|             |   | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | * 25                             | Minus | ** 20                              | =             |
|             | Independent   | * 16                             | Minus | *** 6                              | = 10          |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           | 250            |
| X84=             | 2000           |
| +280=            |                |
| TOTAL ADDIT. FEE | 2250           |

|             |   | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

|             |   | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than zero, enter "0" in column 2.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

\*\*\* If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDIT. FEE

ADDIT. FEE